

## APPLICATION DATA SHEET

### **Application Information**

Application number::

Filing Date:: 01/26/04

Application Type:: Regular (Non-Provisional)

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: None

Number of copies of CDs:: None

Sequence submission?:: N/A

Computer Readable Form (CRF)?:: No

Number of copies of CRF:: N/A

Title :: Handheld Medical Reference Application  
With Integrated Dosage Calculator

Attorney Docket Number:: 91303

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name:: N/A  
Variety denomination name:: N/A  
Petition included?:: No  
Petition Type:: N/A  
Licensed US Govt. Agency:: No  
Contract or Grant Numbers:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor (1)  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name::  
Family Name:: Rosenbloom  
Name Suffix:: M.D.  
City of Residence:: Evanston  
State or Province of Residence:: Illinois  
Country of Residence:: U.S.A.  
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State or Province of mailing address:: Illinois  
Country of mailing address:: U.S.A.  
Postal or Zip Code of mailing address:: 60201

### **Correspondence Information**

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### **Representative Information**

Representative Customer Number:	24628
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### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-provisional of	60/442,538	01/24/03

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: N/A

Street of mailing address:: N/A

City of mailing address:: N/A

State or Province of mailing address:: N/A

Country of mailing address:: N/A

Postal or Zip Code of mailing address:: N/A